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This is a Permanent Record.

In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated. This certificate must be filed by the attending Physician or Midwife with the Local Registrar within 3 days after birth.

PLACE OF BIRTH		ARIZONA TERRITORIAL BOARD OF HEALTH	
County of <u>Gila</u>	BUREAU OF VITAL STATISTICS. Ter. Index No. <u>89</u>		
District of <u>San Carlos</u>	ORIGINAL CERTIFICATE OF BIRTH. Co. Registrar No. <u>260</u>		
Town of <u>San Carlos</u>	Local Registrar's No. _____		
or _____			
City of _____	(No. _____ St; _____ Ward)		
FULL NAME OF CHILD _____		{ Born } YES	
If child is not named, make Supplemental Report on blank obtainable from local registrar.		{ Alive } NO	
Sex of Child <u>Male</u>	Twin, Triplet or other <u>Single</u>	and { } Number in order of birth <u>2</u>	Legitimacy <u>yes</u>
Date of Birth <u>Nov. 26</u>	(Month) (Day) (Yr.)	19 <u>10</u>	
Full Name <u>Lee Baylis</u>	FATHER	Full Maiden Name <u>Nazinglake</u>	MOTHER
Residence <u>San Carlos, Ariz.</u>		Residence <u>San Carlos, Ariz.</u>	
Color or Race <u>Indian</u>	Age at last Birthday <u>27</u> (Years)	Color or Race <u>Indian</u>	Age at last Birthday <u>24</u> (Years)
Birthplace <u>Arizona</u>		Birthplace <u>Arizona</u>	
Occupation <u>Day laborer</u>		Occupation <u>House Wife</u>	
Number of child of this mother <u>2</u>	Number of children, of this mother, now living <u>1</u>	Were Precautions taken against Ophthalmia neonatorum <u>yes</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* I hereby certify that I attended the birth of above child; and that it occurred on, _____ 19____, at _____ M. { *When there is no attending physician or midwife, then the householder should make this return. } (Signature) _____ (Attending physician, midwife, householder. *) Given or christian name added from a supplemental report _____ 191____ <u>022-1126-055</u> COUNTY REGISTRAR.			
Filed <u>Dec 5</u> 191 <u>0</u> Filed <u>Dec 7</u> 191 <u>0</u>		Address <u>Dr. Carl B. Boyd</u> <u>B. S. J. W. W.</u> LOCAL REGISTRAR. COUNTY REGISTRAR.	